

Outpatient Competency Restoration Program

A. Outpatient Competency Restoration Program

Outpatient competency restoration (OCR) programs provide community-based competency restoration services, which include mental health and substance abuse treatment services, as well as legal education, for individuals found Incompetent to Stand Trial (IST). In general, OCR programs are designed to:

- a. Reduce the number of individuals determined to be IST with mental illness or co-occurring psychiatric and substance use disorders, on the State Mental Health Hospital (SMHH) clearinghouse waiting list for inpatient competency restoration services,
- b. Increase prompt access to clinically appropriate OCR services for individuals determined to be IST who do not require the restrictiveness of a hospital setting, and
- c. Reduce the number of bed days in SMHH used by forensic patients from Contractor's local service area.

B. Program Design:

Contractor shall implement an OCR Program in accordance with the following requirements:

1. Ensure that the OCR Program meets the statutory requirements of Chapter 46B of the Texas Code of Criminal Procedure (TCCP) as amended by Senate Bill (SB) 867.
2. Serve 75 individuals annually with mental illness or co-occurring psychiatric and substance use disorders by providing OCR services as measured and documented through Encounter Data and WebCare reports as defined in Section C, Program Reporting, of this document.
3. Maintain a rate of 40% of all completed individuals either restored to competency to stand trial and/or having their charges dropped as determined by the courts.
4. Maintain an average length of stay of no longer than 180 days for all individuals admitted to the program during the fiscal year.
5. Recruit, train, and maintain qualified staff, including a Program Coordinator, who is a Licensed Practitioner of the Healing Arts (LPHA) as defined in the Health and Safety Code. The Program Coordinator shall work as a liaison with the local criminal justice system in the Contractor service delivery area.
6. Provide prompt screening for Program eligibility by:
 - a). Conducting an eligibility and intake assessment
 - b). Conducting a psychosocial assessment,
 - c). Administering the DSHS Substance Abuse Screening Tool,
 - d). Administering a risk assessment such as the Historical, Clinical, Risk Management, and Violence Risk Assessment Scheme (HCR-20),
 - e). and the Outreach, Screening, Assessment, and Referral, measure (if appropriate),

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To determine an individual's appropriateness for OCR treatment.

7. If a substance abuse issue is identified, provide referral and access to substance abuse treatment within 21 days to include inpatient or outpatient treatment.
8. Upon notification of an individual's commitment to OCR: Complete the Texas Resilience and Recovery Utilization Management Guidelines Adult Needs and Strength Assessment, and a treatment plan.. The treatment plan shall address:
 - a) Physical health concerns/issues;
 - b) Medication and medication management;
 - c) Level of family and community support;
 - d) Co-Occurring Psychiatric and Substance Use Disorder concerns or issues;
 - e) Supported housing, including rental and utility subsidy;
 - f) Transportation; and
 - g) Assistance with benefits applications.
9. Contractor shall work with courts and law enforcement personnel to secure daytime release to Contractor and to avoid nighttime releases of incarcerated individuals. Program staff shall coordinate the timely release of the individual to the OCR facility or residence and shall meet with the individual immediately upon jail or court release regardless of time of release. Program staff shall document the service(s) provided to the individual on the day of release from jail.
10. Maintain written policies and procedures that describe the eligibility for the Program, intake assessment, and treatment planning processes. The policies and procedures shall also address admission of individuals referred by other LMHAs. Such policies shall include, without limitation, that individuals who are in close proximity to the Program and who are without a Program in their services area are potentially appropriate for admission and any admission requires the consent of the courts with jurisdiction over the individual as well as cooperation with the committing LMHA
11. Update the individualized treatment plan within five (5) working days of enrollment to include all dimensions listed above in 6.
12. Provide individuals in the Program access to clinically appropriate Texas Resilience and Recovery Level of Care 3, or 4 services, and provide the first service within 24 hours of release from jail or court. Contractor shall also provide individuals in the Program access to a physician, preferably a psychiatrist, no later than 7 working days after release from jail or court.

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13. Provide Level of Care 3, or 4 psychosocial services and supports to individuals in the Program. Contractor shall meet or exceed the minimum expected hours for these packages as outlined in the Texas Resilience and Recovery Utilization Management Guidelines as needed to promote successful outcomes. The majority of the rehabilitative hours shall be provided in the individual's home, or in the Contractor's office location.
14. Ensure prompt access to legal education using DSHS-approved curricula based on the individual needs of the client.
15. Provide supported housing including rental subsidies, for individuals served in the Program who lack adequate housing; this excludes unlicensed assisted living facilities as per TAC §412.202(c);
16. Provide face-to-face services at least twice weekly for individuals served in the OCR Program to ensure participation, promote adherence to treatment, and assess that individual's living environment is safe and his or her basic needs are being met (i.e. food, clothing, hygiene);
17. Maintain and follow written procedures to monitor an individual's restoration to competency and readiness to return to court. Comply with reporting procedures specified in TCCP Article 46.B.079. Coordinate with the court to encourage timely determination of an individual's competency unless all parties agree to accept Contractor's report. Written procedures shall also address requests for a court order extending the initial restoration period from the court and forensic re-evaluation if an extension is granted.
18. Collaborate with the state hospital and network providers to identify IST individuals currently in the hospital on an inpatient commitment and who may be appropriate for transition to the OCR Program. Coordinate with local courts to revise commitment status for those identified individuals and work jointly with all parties to develop a discharge and continuity plan.
19. Provide thorough continuity of care of individuals completing the Program. Discharge in accordance with Texas Criminal Code and Procedures, Article 46B. Discharge planning shall ensure that the following requirements are met:
 - a) Develop plan for maintaining housing and utilities for at least three months post discharge;
 - b) Facilitate ongoing services in the appropriate SP through the local LMHA/ValueOptions before final discharge from OCR Program;
 - c) Provide medication and a clearly documented follow-up psychiatrist appointment to ensure there will be no lapse in medication compliance once client is discharged;
 - d) Complete all appropriate benefits applications on behalf of any discharged individual including signing up for long-term subsidized housing;
 - e) An individual being discharged from the OCR Program shall not be referred to an assisted living facility that is not licensed under the Texas Health and Safety Code, Chapter 247.

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20. Provide continuity of care for persons who do not complete the OCR Program or who are determined to be incapable of restoration to competency. OCR Program staff shall notify DSHS Contract Manager, using Outpatient Competency Restoration Admission (screen 358) and Discharge (screen 359) screens in WebCare, in the event that an individual does not successfully restore to competency, absconds, re-offends or otherwise terminates before completing program.
21. Work closely with courts to encourage timely resolution of legal issues and to minimize jail time spent waiting for hearing, once individual is released from OCR Program.

C. Program Reporting:

1. According to the timetable and frequency specified in Article 46B.079 of Chapter 46B, as amended by SB 867, and as determined by the court(s) and judge(s), Contractor shall provide notice and written reports to the court(s) and judge(s) as appropriate.
2. Contractor shall submit encounter data on all services provided to all individuals in OCR program, using the procedure codes and modifiers delineated by DSHS. These encounters will be used to determine the amount of funding that is expended for OCR.
3. Contractor shall submit the Outpatient Competency Restoration Admission (screen 358) and Discharge (screen 359) screens in WebCare within 72 hours of any program admission or discharge.
4. For facility-based programs Contractor shall follow all guidelines as put forth in Appendix 2B Crisis Redesign Standards.

D. Target Numbers to be Served:

1. The target number to be served in FY14 is 75 persons.